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APPLICATION/REGISTRATION FORM / Option scanned copy of 1.Admission form duly filled in, 2 self description self signed, 3, payment of fee (first installment with registration fee of Rs 1500/-:-Rs 1200/- courier charges

1. <u>Name</u>	
Address,	
Contact mobile	email
2. Application for- ISCA Membership M. Sc /P.G. DIP School counselors/	/ Professional Studies Program -specify Counselors & Psychotherapists/
3. Present occupation /professionals forces -showing current occupation ti	in –corporate/media/housewife/Armed
4. Future options to utilize the course of counseling & psychotherapy profes	e/professional knowledge, specialist skills
Date signature	place
1. <u>SELF DESCRIPTION EDUCATIO</u> EXPERIENCE) SELF SIGNED, 2. Crossed 1500/-+ OR TRANSFER - IN FAVOUR O	d cheque for the course feeRs44000/- +Regd
transfer the fee amount to AXIS BANK MY 920010061687358, WEST MARREDPALL UTIB0001319 SWIFT CODE AXISINBBO On receipt Institute Regd No will be allotted couriered in a week's time. account giver working and transfers not credited la etc. "IISPSC&G, S B A/C No 305 2201 0026 70 SECUNDERABAD PICKET, and 500026 T S.	ACCOUNT KULSHRESTHA HARI MOHAN, A/C LY BRANCH SECUNDERABAD, IFSC CODE 68, I and study pack with Assignments etc will be n on admission form -canara bank -not ast week, Banks mergers issues 12, IFSC Code: CNRB0013032, CANARA BANK,
3. CONTACT /postal ADDRESS-Pro IISPS C&G, 35 KPC, WEST MARRE Tel: +91 040-27800590/27800010/9394	DPALLY.SECUNDERABAD- 500026,

E-mail: - h.m.kulshrestha@gmail.com/info@schoolcounsellorsindia.co.in,